



Aalborg Universitet

AALBORG UNIVERSITY
DENMARK

Transmission of rheumatoid arthritis through blood transfusion

a retrospective cohort study

Just, Søren Andreas; Rostgaard, Klaus; Titlestad, Kjell; Edgren, Gustaf; Erikstrup, Christian; Ullum, Henrik; Pedersen, Ole Birger; Nielsen, Kaspar Rene; Askling, Johan; Lindegaard, Hanne; Hjalgrim, Henrik

Published in:

Annals of the Rheumatic Diseases

DOI (link to publication from Publisher):

[10.1136/annrheumdis-2017-212844](https://doi.org/10.1136/annrheumdis-2017-212844)

Creative Commons License

CC BY-NC-ND 4.0

Publication date:

2018

Document Version

Accepted author manuscript, peer reviewed version

[Link to publication from Aalborg University](#)

Citation for published version (APA):

Just, S. A., Rostgaard, K., Titlestad, K., Edgren, G., Erikstrup, C., Ullum, H., Pedersen, O. B., Nielsen, K. R., Askling, J., Lindegaard, H., & Hjalgrim, H. (2018). Transmission of rheumatoid arthritis through blood transfusion: a retrospective cohort study. *Annals of the Rheumatic Diseases*, 77(10), 1536-1537. <https://doi.org/10.1136/annrheumdis-2017-212844>

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal -

Take down policy

If you believe that this document breaches copyright please contact us at vbn@aub.aau.dk providing details, and we will remove access to the work immediately and investigate your claim.

Title:

Transmission of Rheumatoid Arthritis through blood transfusion: A retrospective cohort study

Authors:

Søren Andreas Just¹, Klaus Rostgaard², Kjell Titlestad³, Gustaf Edgren⁴, Christian Erikstrup⁵,
Henrik Ullum⁶, Ole B Pedersen⁷, Kaspar Rene Nielsen⁸, Johan Askling⁹, Hanne Lindegaard¹,
Henrik Hjalgrim^{2,10}

¹Department of Rheumatology, Odense University Hospital, Odense, Denmark

²Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark

³Department of Clinical Immunology, Odense University Hospital, Odense, Denmark

⁴Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, and Department of Cardiology, Södersjukhuset, Stockholm, Sweden

⁵Department of Clinical Immunology, Aarhus University Hospital, Aarhus, Denmark

⁶Department of Clinical Immunology, The Blood Bank, Rigshospitalet, Copenhagen, Denmark

⁷Department of Clinical Immunology, Næstved Sygehus, Næstved, Denmark

⁸Department of Clinical Immunology, Aalborg University Hospital, Aalborg, Denmark

⁹Clinical Epidemiology Section, Department of Medicine Solna, Karolinska Institutet, Stockholm, Sweden, and Department of Rheumatology, Karolinska University Hospital, Stockholm, Sweden

¹⁰Department of Hematology, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark

Corresponding Author: Søren Andreas Just, Department of Rheumatology

Odense University Hospital, Sdr. Boulevard 29, DK-5000 Odense C, Denmark

E-mail: soeren.andreas.just@rsyd.dk, Tel.: +45 26 71 45 67

Word count: 597

Keywords: Rheumatoid Arthritis, Blood Transfusion, Rheumatoid Arthritis pathogenesis,
Transfusion transmitted disease

Research (Letter)

The long pre-clinical phase of Rheumatoid Arthritis (RA), where some factors involved in RA pathogenesis circulate peripherally, raises concern of RA transmissibility through blood transfusion.¹

We used a large Danish-Swedish population-based research donations and transfusions database (SCANDAT2) with health register information on 1.5 million blood donors and 2.1 million recipients of their blood to investigate: (1) RA occurrence in recipients of blood from donors who later developed RA and (2) clustering of RA among recipients of blood from individual donors, regardless of the donor's RA status.^{2 3 4}

We used two different approaches to analyze RA transmission. First, we identified all donors who developed RA after blood donation. For each of these index donors, we identified up to 10 donors matched on age, sex, county, date of first donation, number of donations, and ABO blood group, who were free of RA at the date of index donor diagnosis. We then identified all recipients of blood from the two donor populations, and followed them from date of transfusion originating in said donors until date of RA diagnosis, death, emigration, or end of 2012 (Sweden)/2013 (Denmark), whichever came first.

In the second approach, we investigated if RA clustered among recipients of blood from individual donors. Here, we used a modified time-dependent donor riskiness score by simply counting the RA occurrences among past recipients of each donor.

In both approaches, we used Cox regression with age as underlying time scale, with an exposure lag of 1 year and strata defined by sex and hospital. All analyses were adjusted for calendar period and number of transfusions as restricted cubic splines with 5 equally spaced knots and ABO blood group. Persons with RA were identified using contemporary national ICD 7, 8, 9 and 10 classifications. To reduce misclassification, we defined RA as having two registrations of RA

within the course of a two-year period. RA diagnoses were further sub-classified as seropositive RA or seronegative RA.

Among a total of 938,942 blood donors, 2412 were diagnosed with RA during follow-up. We identified 13,369 patients (exposed) who received at least one unit from donors with later RA, and 139,470 patients (unexposed) who received blood units from the matched donors who were free of RA at selection.

Analyses comparing RA occurrence in blood recipients to donors who did versus did not develop RA themselves showed that recipient RA risk did not vary by donor RA occurrence (HR = 1.04; 95% CI 0.80-1.35) (Table 1). Similarly, no association between donor and recipient RA was seen in analyses stratified according to RA serotype, donor age or interval between donation and donor RA diagnosis (Table 1).

Table 1 Number of cases of rheumatoid arthritis (RA) overall and of seropositive RA and seronegative RA, respectively, observed among recipients whose blood donors were (exposed recipients) and were not (unexposed recipients) correspondingly diagnosed, with person-years of observation and hazard ratios (HR) with 95% confidence intervals (CI) for RA overall and in different strata.

Recipient exposed to:		Recipient outcome				HR (95% CI)
		Exposed		Unexposed		
		Events	Person-Years	Events	Person-Years	
		Overall RA				
Donor diagnosed with RA		63	82551	610	756275	1.04 (0.80-1.35)
Shortest latency of donor RA ¹						
	<10 years	46	59890	610	756275	0.99 (0.56-1.72)
	10+ years	17	22661	610	756275	1.05 (0.64-1.70)
Lowest age at donor RA diagnosis						
	< 65 years	51	69827	610	756275	0.80 (0.43-1.51)
	65+ years	12	12724	610	756275	1.24 (0.70-2.20)
		Seropositive RA				
Donor with seropositive RA		4	17030	27	186775	1.68 (0.58-4.84)
		Seronegative RA				
Donor with seronegative RA		9	39829	129	402138	0.72 (0.37-1.43)

¹ Interval between donation and donor RA diagnosis.

Analyses of clustering of RA among recipients of blood from individual donors showed that recipient RA risk did not vary by RA occurrence in previous recipients of blood from the same donor, neither for all types of RA combined (HR per previous recipient with RA = 0.96; 95% CI 0.86-1.07) nor for specific RA subtypes.

The association between RA and blood transfusion history has previously been explored only in a small number of investigations, using self-reported transfusion history, which have arrived at opposite conclusions.^{5 6} We restricted our analyses exclusively to transfused patients, and focused on the possible link between specific donor factors (e.g., donor RA diagnosis) and recipient RA risk.

In conclusion, we found no evidence that RA or RA risk is transmitted through blood transfusion. In light of study strengths, which include low likelihood of confounding and the large study size, ensuring meaningful statistical power, we believe it is unlikely that the possibility of RA transmission has any clinical relevance.

Acknowledgments We are indebted to all the blood banks in Sweden and Denmark for both collecting and contributing data to this study.

Competing Interests The authors have no competing interests. JA has received grants from Abbvie, BMS, Merck, Pfizer, Roche, Samsung, UCB, mainly for safety monitoring via the Swedish ARTIS system.

Contributors All authors have contributed substantially in the process of completing this study, specified as follows: Conception of the study: SAJ, KR, JA, GE, HL, HH. Designing the study: SAJ, KR, JA, GE, HL, HH. Aggregation of data: KR, GE, HH, KT, CE, HU, OP, KRN. Interpretation of data: All authors. Drafting and revising, final approval and agreement to be accountable: All authors.

Funding SAJ is supported by grants from The Danish Rheumatism Association and Odense University Hospital PhD Fund and Fund for clinical research. HHJ is supported by grants from The Danish Rheumatism Association and Nordic Cancer Union. JA has received grant support from the Swedish Foundation for Strategic Research, the Swedish Research Council, and ALF.

Ethics approval The conduct of this study was approved by the regional ethics review board at Karolinska Institutet in Stockholm, Sweden (Reference Numbers 2009/1011, 2012/1233, 2013/37, and 2013/787) and by the Danish Data protection agency (Reference Number 2008-54-0472 and 2008-58-0035).

Data sharing statement The data from the Scandinavian Donations and Transfusions (SCANDAT2) database, constituting the basis for this study, cannot be shared due to Danish and Swedish law.

References

1. Kokkonen H, Mullazehi M, Berglin E, et al. Antibodies of IgG, IgA and IgM isotypes against cyclic citrullinated peptide precede the development of rheumatoid arthritis. *Arthritis research & therapy* 2011;13(1):R13. doi: 10.1186/ar3237 [published Online First: 2011/02/05]
2. Edgren G, Rostgaard K, Vasan SK, et al. The new Scandinavian Donations and Transfusions database (SCANDAT2): a blood safety resource with added versatility. *Transfusion* 2015 doi: 10.1111/trf.12986 [published Online First: 2015/01/13]
3. Edgren G, Hjalgrim H, Rostgaard K, et al. Transmission of Neurodegenerative Disorders Through Blood Transfusion: A Cohort Study. *Annals of internal medicine* 2016;165(5):316-24. doi: 10.7326/m15-2421 [published Online First: 2016/07/02]
4. Hjalgrim H, Rostgaard K, Vasan SK, et al. No evidence of transmission of chronic lymphocytic leukemia through blood transfusion. *Blood* 2015;126(17):2059-61. doi: 10.1182/blood-2015-03-632844 [published Online First: 2015/08/26]
5. Cerhan JR, Saag KG, Criswell LA, et al. Blood transfusion, alcohol use, and anthropometric risk factors for rheumatoid arthritis in older women. *The Journal of rheumatology* 2002;29(2):246-54.
6. Symmons DP, Bankhead CR, Harrison BJ, et al. Blood transfusion, smoking, and obesity as risk factors for the development of rheumatoid arthritis: results from a primary care-based incident case-control study in Norfolk, England. *Arthritis and rheumatism* 1997;40(11):1955-61. doi: 10.1002/1529-0131(199711)40:11<1955::AID-ART6>3.0.CO;2-A